

SUPPLEMENTAL APPLICATION DATA SHEET

APPLICATION INFORMATION

Application number::	10/692,031
Filing Date::	10/23/03
Application Type::	Reissue
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	1797
CD-ROM or CD-R?::	
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	ELECTROCHEMICAL BIOSENSOR TEST STRIP
Attorney Docket Number::	007404-000571 19032 US5
Request For Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	
Latin name::	
Variety denomination name::	
Petition included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: William
Middle Name:: F.
Family Name:: Crismore
Name Suffix::
City of Residence:: Raleigh
State or Province of Residence:: NC
Country of Residence:: United States
Street of mailing address:: 6225 Allsdale Drive
City of mailing address:: Raleigh
State or Province of mailing address:: NC
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 27617

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Nigel
Middle Name:: A.
Family Name:: Surridge
Name Suffix::
City of Residence:: Indianapolis
State or Province of Residence:: IN
Country of Residence:: United States
Street of mailing address:: 9702 Iroquois Court
City of mailing address:: Indianapolis
State or Province of mailing address:: IN
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 46256

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Daniel
Middle Name:: R.
Family Name:: McMinn
Name Suffix::
City of Residence:: Danville
State or Province of Residence:: CA
Country of Residence:: United States
Street of mailing address:: 317 Mountain Ridge Drive
City of mailing address:: Danville
State or Province of mailing address:: CA
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94506

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Richard
Middle Name:: J.
Family Name:: Bodensteiner
Name Suffix::
City of Residence:: Oakland
State or Province of Residence:: CA
Country of Residence:: United States
Street of mailing address:: 2960 Holyrood Drive
City of mailing address:: Oakland
State or Province of mailing address:: CA
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 94611

Applicant Authority Type:: _____ Inventor
Primary Citizenship Country:: _____ United States
Status:: _____ Full Capacity
Given Name:: _____ Eric
Middle Name:: _____ R.
Family Name:: _____ Diebold
Name Suffix:: _____
City of Residence:: _____ Fishers
State or Province of Residence:: _____ IN
Country of Residence:: _____ United States
Street of mailing address:: _____ 8765 Providence Drive
City of mailing address:: _____ Fishers
State or Province of mailing address:: _____ IN
Country of mailing address:: _____ United States
Postal or Zip Code of mailing address:: _____ 46038

Applicant Authority Type:: _____ Inventor
Primary Citizenship Country:: _____ United
Status:: _____ Full Capacity
Given Name:: _____ R.
Middle Name:: _____ Dale
Family Name:: _____ Delk
Name Suffix:: _____
City of Residence:: _____ Muncie
State or Province of Residence:: _____ IN
Country of Residence:: _____ United States
Street of mailing address:: _____ 1605 South Stockport Drive
City of mailing address:: _____ Muncie
State or Province of mailing address:: _____ IN
Country of mailing address:: _____ United States
Postal or Zip Code of mailing address:: _____ 47304

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: David
Middle Name:: W.
Family Name:: Burke
Name Suffix::
City of Residence:: Indianapolis
State or Province of Residence:: IN
Country of Residence:: United States
Street of mailing address:: 8951 RiverBend Court
City of mailing address:: Indianapolis
State or Province of mailing address:: IN
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 46250

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Jiaxiong
Middle Name:: Jason
Family Name:: Ho
Name Suffix::
City of Residence:: Carmel
State or Province of Residence:: IN
Country of Residence:: United States
Street of mailing address:: 5275 Ivy Hill Drive
City of mailing address:: Carmel
State or Province of mailing address:: IN
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 46033

Applicant Authority Type:: _____ Inventor
Primary Citizenship Country:: _____ United States
Status:: _____ Full Capacity
Given Name:: _____ Robert
Middle Name:: _____ Kitchel
Family Name:: _____ Earl
Name Suffix:: _____
City of Residence:: _____ Carmel
State or Province of Residence:: _____ IN
Country of Residence:: _____ United States
Street of mailing address:: _____ 12598 Spring Violet Place
City of mailing address:: _____ Carmel
State or Province of mailing address:: _____ IN
Country of mailing address:: _____ United States
Postal or Zip Code of mailing address:: _____ 46033

Applicant Authority Type:: _____ Inventor
Primary Citizenship Country:: _____ United States
Status:: _____ Full Capacity
Given Name:: _____ Brian
Middle Name:: _____ A.
Family Name:: _____ Heald
Name Suffix:: _____
City of Residence:: _____ Fishers
State or Province of Residence:: _____ IN
Country of Residence:: _____ United States
Street of mailing address:: _____ 10337 Seagrave Drive
City of mailing address:: _____ Fishers
State or Province of mailing address:: _____ IN
Country of mailing address:: _____ United States
Postal or Zip Code of mailing address:: _____ 46038

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 41577
Phone number:: 317-634-3456
Fax Number: 317-637-7561

REPRESENTATIVE INFORMATION

Representative Customer Number:: 41577

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Division of	10/008,788	12/07/01
10/008,788	Reissue of	08/985,840	12/05/97

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
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ASSIGNEE INFORMATION

Assignee name:: Roche Diagnostics Operations, Inc.
Street of mailing address:: 9115 Hague Road
City of mailing address:: Indianapolis
State or Province of mailing address:: IN
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 46250-0457

Assignee name:: Roche Operations Ltd.
Street of mailing address:: Clarendon House
2 Church Street
City of mailing address: Hamilton
State or Province of mailing address::
Country of mailing address:: Bermuda
Postal or Zip Code of mailing address:: HM 11

SIGNATURE

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Respectfully submitted,

By / Elizabeth A. Shuster, #52672 /
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